

CLAIMS ONLY								Application Number 0455101		Filing Date		
8-16-04								Applicant(s)				
								* May be used for additional claims or amendments				
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT				81604			
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
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Total Indep	8								8			
Total Depend	38								38			
Total Claims	46								46			

Best Available Copy

09515101

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO 420)**

APPlicant's No.

FILING DATE

APPLICANT'S

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	NO.	DEF.	NO.	DEF.	NO.	DEF.
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TOTAL DEF.						
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	NO.	DEF.	NO.	DEF.	NO.	DEF.
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TOTAL NO. 51
 TOTAL DEF. 42
 TOTAL 57
 TOTAL NO. 11
 TOTAL DEF. 42
 TOTAL 53
 TOTAL NO. 8
 TOTAL DEF. 38
 TOTAL 46